# **Ohio Campaign Finance Report**

Figure

Prescribed by Secretary of State 3/05

10 JAN 26 ATT 11: 05

Full Name of Committee				FARRIS	··· •••
Full Name of Candidate	SH FOX	JUDGE CON	MITTEE	30 A Registration White	ECTIONS
Street Address	tu h. N	16 INTOSA			
2168 C	ITY GATE	DIVE	Office Sought TVDGE, Co	JUI of Plus	
Colum	3Ú5			State Zip Cod	3219
Type of Report (place A to the left of report	Pre-Primary	Post-Primary	Pre-General	Post-General	Annual Year 2069
tvpe)	July Monthly	August Monthly	September Monthly	Termination	Semiannual ,
Amended Report?	No Report Electronica	lly Filed? Yes No	Date of Election		706

For candidates only, during an electron year if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one electron, check box 
No other forms are required for a post-primary or post-general period, if above statement applies See R.C. 3517 10(H) for details

1 Amount brought forward from last report	\$	2115	41
2 Total monetary contributions (From Form No 31-A)	s	()	00
3 Total other income (From Form No 31-A-2)	s	U	( D
4 Total funds available (sum of lines 1, 2, 3)	s	\$0	00
5 Total monetary expenditures (From Form No 31-B)	s	267	00
6 Balance on hand (line 4 minus line 5)	s	1534	86
7 Value of m-kind contributions received (From Form No 31-J-1)	s	0	00
8 Value of in-kind contributions made (From Form No 31-J-2)	s	D	00
9. Outstanding loans owed by committee (From Form No 31-C)	s	7698	20
10. Outstanding debts owed by committee (From Form No 31-N)	s	0	10
11 Outstanding loans owed to committee (From Form No 31-K)	s		00
12 Value of independent expenditures made (From Form No 31-U)	s	0	0)
13 For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$		00

THE INFORMATION CONTAINED IN THIS REPORT IS MAD FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH I	E UNDER THE PENALTY OF EL	LECTION FALSIFICATION WHOEVER COMMITS ELECTION	ı
AROLN FRANCIS TREASUREL		1/26/2010	د
Print Name and Title (Treasurer and Deputy Treasurer only)	Signature	Date	
		<b>Juli</b>	

Contribution pages\_\_\_\_\_

Expenditure pages\_\_\_\_\_

Other 5

Total pages 6

## **Statement of Expenditures**

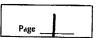
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Prescribed by Secretary of State 2/01

Name of Committee in Full						
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City	State	Zip Code	Check	Number		
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City			_			
	State OH	Zip Code	Check N	umber		

267. 60 Page Total \$0.00

## **Statement of Contributions Received**



Prescribed by Secretary of State 03/05

Name of Committee in Full						
MCINTOSH For T	JUDGE Coma	i TTRE		-		
Full Name of Contributor		1110	Registra	tion Numbe	ı, ıf PAC	
Street Address	Employer/Occ	cupation/Labor Organization*		<del>*************************************</del>	Form (Cash Che	ck, etc )
City	State	Zıp Code		D	Y Amount	
Full Name of Contributor	ОН		Remotra	tion Number	ı	-
Street Address			i cogratia	HOH HUMBE	IIPAC	
Co	Employer/Occ	upation/Laboi Organization*			Form (Cash, Chee	ck, etc )
City	State OH	Zıp Code	М	D,	Y <sup>f</sup> Amount	
Full Name of Contributor			Registrat	ion Number	If PAC	
Street Address	Employer/Occi	upation/Labor Organization			Form (Cash, Chec	ck etc)
City	State	Zıp Code	1 7 7	<del></del>		
Full Name of Contributor	ОН		M'	D	Amount	
			Registiati	on Number	IF PAC	
Street Address	Employer/Occu	ipation/Labor Oiganization			Form (Cash, Chec	k, etc )
City	State OH	Zip Code	M	D Y	, Amount	
Full Name of Contributor	011		Registrati	on Number,	IFPAC	
Street Address	Employer/Occu	pation/Laboi Organization*			Form (Cash Chec	L ata \
City	State	Zip Code			- Olli (Cush Choo	
Full Name of Contributor	OH	Zip Code	М	DY	Amount	
			Registratio	on Number,	if PAC	
Street Address	Employer/Occu	pation/Labor Organization			Form (Cash Check	, etc )
City	State OH	Zıp Code	M	D Y	Amount	
ull Name of Contributor	011		Registratio	on Number, i	f PAC	
Street Address	Employer/Occur	pation/Labor Organization			Form (Cash, Check	
City					Total (Casil, Check	, etc )
	State OH	Zıp Code	М	D Y	Amount	
ull Name of Contributor			Registratio	n Number 1	f PAC	ᅥ
treet Address	Employer/Occup	pation/Labor Organization*			Form (Cash Check	, etc )
ity	State OH	Zıp Code	М	D Y	Amount	$\dashv$
					<u>l</u>	1

Page Total \$0.00

<sup>\*</sup>Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members if any must also appear. [R.C. 3517.10(B)(4)]

### **In-Kind Contributions Received**

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Page		l

Prescribed by Secretary of State 03/05

Name of Committee in Full							
Name of Committee in Full  Mc JWTD5H Full Name of Contributor  Full Name of Contributor	1		-				
Full Name of Contributor	( snr	11)60					
Tan Plant of Commontor	Employer Occup	pation Labor Organization*	Registration Number if PAC				
Street Address							
	Description of Ite	em or Service	M,	D Yi Fan Market Value			
City	Sta te	Zıp Code					
	OH	Zip Code	i	ed at Fundraising Event?			
Full Name of Contributor			O YE	S O NO			
	cinployer, Occup	pation, Labor Organization*	Registra	ation Number, if PAC			
Street Address	Description of Ite	em or Service	М	D Y Fair Market Value			
			",	; Fan Warket Value			
City	Sta te	Zip Code	Receive	ed at Fundraising Event?			
	ОН		1 _	-			
Full Name of Contributor		pation, Labor Organization*	OYE				
	Employer Occup	pation, Labor Organization*	Kegisha	ation Number, if PAC			
Street Address	Description of Ite	em or Service	М'	D Y Fair Market Value			
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City	Sta te	Zip Code	Receive	d at Fundraising Event?			
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Full Name of Contributor		pation Labor Organization*	OYE				
	Zimpioyet Occup	pation Labor Organization*	Registra	ation Number if PAC			
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City	Sta te	Zip Code	Receive	d at Fundraising Event?			
	OH		<b>O</b> YE	S			
Full Name of Contributor	Employer Occur	pation Laboi Organization*		S NO atton Number if PAC			
		ū					
Street Address	Description of Iter	m or Service	М				
		5. 56.7160	,	D Y Fan Market Value			
City	Sta te	Zip Code	Receive	d at Fundraising Event?			
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Full Name of Contributor			OYE				
	Employer, Occup	oation, Labor Organization*	Registra	ition Number if PAC			
Street Address	Description of Iter	m or Sange					
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Full Name of Contributor	Employer Occup	nation Labor Organization*		stion Number of PAC			
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Street Address	Description of Iter	m or Service	М	D Y Fair Market Value			
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City	Sta te	Zip Code	D				
	OH	any Cours	1 _	d at Fundraising Event?			
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Page Total \$0.00

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. It contributor is self-employed, the occupation and name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

#### **Statement of Loans Received**



Prescribed by Secretary of State 3/05

Full Name of Committee											
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											Outstanding Balance
City	St ate	Zip Co	de	_							1010.20
	ОН				Loa Date	ns Rece	ived This Period Amount	ļ	Date	Payment	ts This Period
Date Loan was	М	D	Y	М	D	Y	S	М	D	ΙÝ	Amount
originally Incurred	1			1	ł			Į.		1	ľ
Registration Number of PAC		┸		<del></del>						1	
				М	D	Y		M	D	Y	
Employer/Occupation/Labor Org	ganization*		· · · · · · · · · · · · · · · · · · ·	М	D	Y		М	D	Ŷ	<u> </u>
From Whom Received	<del></del>				$\perp$		I	1			
LION WHOM RECEIVED								Prior A	mount	<del></del>	Amt Incurred this Period
Address	·							_ [			
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City	St ate	Zip Cod									
	OH	L.P.C.	ac.	1	l ne	ns Raca	ved This Period				
					Date Date	is Nece	Amount	i	Date	Payment	This Period
Date Loan was	M	D	Y	M	D	Y	S	М	D	ΙΥ	Amount
originally Incurred	[									1.	ľ
Registration Number, if PAC		<u> </u>		1					1		
- Samuel Hamber, ITTAC				M	D	Y		M	D	Y	
Employer/Occupation/Labor Org							Į.				-
broyer Occupation Lanor Org	anization*			М	D	Y,		M	D	Y	
2 110					1				ł	1	
From Whom Received						<del></del>		Prior Air	nount	<u> </u>	Aint Incurred this Period
Address											
1001685											Outstanding Balance
City	St ate	Zıp Cod	e		<del></del>						
	OH			1	Loan	s Recei	ved This Period	I		avmen+-	This Period
· · · · · · · · · · · · · · · · · · ·	M	D	TY		Date		Amount		Date		Amount
Date Loan was	141	U	Y	М	D	Y	S	М	D	Y	S
originally Incui red				I	ŀ				1	1	ŀ
Registration Number, if PAC	· · · · · · · · · · · · · · · · · · ·		٠	М	D	Y	<del> </del>	<del>-  </del>	<del> </del>	<del> </del>	
				"		'		М	D	Y	
mployer/Occupation/Labor Orga	anization*	<del></del>	<del></del>	M	D	Y	<del> </del>		<u> </u>		
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Required for contributions 6	rom malassals st	0165		<del></del>	<u> </u>	1	<u> </u>	_L	1 :	1	l
the individual's business.	ion individuals of	ver \$100	to statewic	de and ge	eneral as	sembly	candidates If contrib	outor is self-	emplove	d the oc	cupation and the name of
Required for contributions fi the individual's business, if a	ny, rather than em	ployer s	hould be in	sted If to	vo or mo	ore emp	loyees contribute via	putor is self- pavroll ded	employe	a, the oc d exceed	cupation and the name of

labor organization of which the employees are members, if any must also appear [R C 3517 10(B)(4)]

If a loan is forgiven, write "Forgiven' in the "Outstanding Balance" space Transfer total of all loans received this period to the Statement of Other Income (Form No 31-A-2) Transfer total of all payments made in this period to the Statement of Expenditures (Form No 31-B) Transfer Outstanding Balance to the Cover page (Form No 30-A)

<sup>1</sup> Total prior amount \$	76	98.20
<sup>2</sup> Total received this period \$	\$0 00	(To Form No 31-A-2)
<sup>3</sup> Total payments this period \$ _	\$0 00	(To Form No 31-B)
<sup>4</sup> Total Outstanding Balance \$ _	10	7698.20(To Form No 30-A)

### **Statement of Other Income**

Prescribed by Secretary of State 2/01 401 JUDGE CommiTTCE Registration Number of PAC Address Type\* RE City State Zıp Code Form (Cash, Check, etc.) OH Full Name Registration Number, if PAC Address Type\* Amount RE City State Zip Code Form (Cash Check, etc.) OH Full Name Registration Number, if PAC Address Type\* RE City State Zip Code Form (Cash Check, etc.) OH Full Name Registration Number of PAC Address Type\* Amount RE City State Zıp Code Form (Cash, Check etc.) OH Full Name Registration Number, if PAC Address Type\* Amount RE City State Zıp Code Form (Cash, Check, etc.) OH Full Name Registration Number, if PAC Address Туре\* Amount RE City State Zıp Code Form (Cash, Check, etc.) OH Full Name Registration Number, if PAC Address Type\* RE City State Zıp Code Form (Cash, Check, etc.) OH Full Name Registration Number, if PAC Address Type\* Amount RE City

State

OH

Zıp Code

0.00 Page Total \$

Form (Cash Check, etc.)

<sup>\*</sup> Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received, RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets or LN for payments received on a loan made

# **Statement of Contributions Received** at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event	Date
Page	

		any Till	Regist	ration Nu	mber, ıf	PAC		
reet Address	Employed/Oc				т			
ty	- Cimpioyei/oc	cupation/Labor Organization*	NE !	D	Y.	Amount		
у	Sta te	Zip Code	Form (	Cash, Che	ck, etc )			
Name of Contributor	ОН							
			Kegisti	ation Nu	mber, if	PAC		
et Address	Employer/Oc	cupation/Labor Organization*	M,	D	Y	Amount		
	0		i					
	Stay te	Zıp Code	Form (0	Cash Che	ck etc)			
Name of Contributor			Registr	ation Nu	nber if	PAC		
et Address								
	Employer/Oc	cupation/Laboi Organization*	M,	P	Y'	Amount		
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	OH	,	1.01.11(0	asii, Ciic	ck etc)			
Name of Contributor				Registration Number, if PAC				
t Address	F		<del>-  </del>	T ~~		<u> </u>		
**************************************	Employer/Occ	cupation/Labor Organization*	M	D	, A	Amount		
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Name of Contributor			Registra	ition Nun	bei if F	PAC		
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Name of Contributor			Registia	tion Nur	ibei, if P	AC		
Address	Te1 10							
	Employer/Occ	upation/Labor Organization*	M	Di	Y	Amount		
	Stal te	Zıp Code	Form (C	sh, Chec	k, etc )			
	OH	1	, ,	.,	, /			

Fill in the boxes below only on the last page for this event

Transfer the Total contributions for this event to form No 31-A Under Full Name of Contributor state "Contributions from form No 31-E" and list the date of the event

Total contributions this event	Total expenditures this event		
\$0.00	\$0.00	Page Total \$ \$0.0	00

ny, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100 the labor organization of which the employees are members if any, must also appear [R C 3517 10(B)(4)]